

# HAGERSTOWN DEPARTMENT OF PLANNING

Hagerstown, Maryland

## REZONING APPLICATION AND REVIEW CHECKLIST

**SUBMISSION REQUIREMENTS: THIS ORIGINAL AND SEVENTEEN (17) COPIES OF THIS FORM, WITH A COPY OF THE REZONING EXHIBIT AND ANY OTHER SUBMITTED MATERIALS ATTACHED TO THIS FORM AND EACH OF THE REQUIRED COPIES. This application will not be accepted for processing unless the checklist found on the remaining sheets of this form is completed.**

**EFFECTIVE JANUARY 1, 2004, NO REZONING APPLICATION WILL BE ACCEPTED FOR PROCESSING UNLESS ACCOMPANIED BY A COMPLETED COPY OF THIS REVIEW CHECKLIST FORM**

For Planning Department Use Only	Rezoning Case File ZM-	-	Accepted:
----------------------------------	------------------------	---	-----------

SUBDIVISION NAME: \_\_\_\_\_ SECTION: \_\_\_\_\_

DEED REFERENCE: \_\_\_\_\_ LIBER: \_\_\_\_\_ FOLIO: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_ TRACT SIZE: \_\_\_\_\_

RELATED PLANNING DEPARTMENT FILE REFERENCES (SITE PLANS, PRELIMINARY PLATS, BZA CASES):  
(If none, state so)

PROPOSED USE (NUMBER AND TYPES OF DWELLINGS, AREA & USE OF COMMERCIAL & INDUSTRIAL BLDGS.):

ENG./SURVEY COMPANY: \_\_\_\_\_ PROJECT CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_ PROJECT CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

This Chart for Staff Use Only	1 <sup>st</sup> Review	2 <sup>nd</sup> Review	3 <sup>rd</sup> Review
Date Accepted for Processing:			
Review Date:			
Returned to Design Firm on:			

Form version: 3.0. - Date of last revision: September, 2008.

**INSTRUCTION TO ENGINEER/SURVEYOR:**

In the column marked "Engineer/Surveyor", identify each page which the required item appears on the plan. For items that appear on each page of the plan, use "All". If not applicable, provide a note on the plan stating this and list in the column below the page of the plan on which the note is located. Individual requirements may be waived by the Planning Department for landmark designation overlays.

Ordinance Requirements	Engineer/ Surveyor	1 <sup>st</sup> Review	2 <sup>nd</sup> Review	REVIEW KEY	
				√	OK
				I	Incomplete
				N/A	Not Applicable
				U	Unacceptable

Sheet size: 24" x 36"				
Scale shown and labeled				
North arrow				
Copy of deed or deeds and purchase option (if applicable)				
Owner authorization, if different than applicant				
Vicinity map with scale of 1" = 2,000' or greater				
Vic. map shows municipal boundaries				
TITLE BLOCK				
Name and address of land owner				
Name, address and telephone number of engineer/surveyor				
City tax map number (1 - 77)				
Current zoning district				
Proposed zoning district				
Election district				
Original drawing date				
Subsequent revision dates				
Location (address, city, state)				
Tract area				
Area of parcels where multiple parcels comprise tract to be rezoned				
Plan shows remaining lands of tract				
Plan shows owners, their addresses of record, and zoning of adjoining lands (see end of checklist)				
Boundary of tract to be rezoned shown in heavy solid line				
All existing buildings within tract, with addresses and current use				
All existing easements on tract				
Width of ex. utility rights of way				

**INSTRUCTION TO ENGINEER/SURVEYOR:**

In the column marked "Engineer/Surveyor", identify each page which the required item appears on the plan. For items that appear on each page of the plan, use "All". If not applicable, provide a note on the plan stating this and list in the column below the page of the plan on which the note is located. Individual requirements may be waived by the Planning Department for landmark designation overlays.

Ordinance Requirements	Engineer/ Surveyor	1 <sup>st</sup> Review	2 <sup>nd</sup> Review	REVIEW KEY	
				√	OK
				I	Incomplete
				N/A	Not Applicable
				U	Unacceptable

Location of ex. public rights of way				
Width of ex. public rights of way				
Location of ex. railroad rights of way				
Width of ex. railroad rights of way				
Location of ex. drainage rights of way and 100-year floodplain				
Width of ex. drainage rights of way				
FOR PUD OR OTHER PROPOSAL-BASED REZONINGS, A CONCEPT PLAN SHOWING THE FOLLOWING FEATURES				
Proposed rights of way for public streets				
Proposed uses, showing maximum number of dwelling units (broken down by type), and/or square footage of industrial, office and retail space				
Conceptual lot or project layout				
Conceptual location of forest preservation/afforestation areas				
Location and list of proposed amenities (parks, recreation facilities, school sites, etc.)				
Proposed location of major regional stormwater management facilities				
Plans folded to be able to fit into an 11x9 file				
Planning Department Map Amendment File Number (ex. ZM-2003-01) on bottom right hand corner of the first page.	NA	NA		Can only be added after plat has been submitted and case file number assigned. This will not be required if this addition will be the only change required after initial staff review.
Addressed Engineering comments?		NA		
Addressed Water Dept. comments?		NA		
Addressed Sewer Dept. comments?		NA		
Addressed Light Dept. comments?		NA		
Addressed all other Department comments?				DO NOT SUBMIT REVISED PLANS UNTIL COMMENTS FROM ALL REVIEW AGENCIES HAVE BEEN COLLECTED AND ADDRESSED.
Are all applicable fees paid in full?				
Three review copies for Planning Commission provided?				
Colored exhibit provided?				

**REZONING NARRATIVE ADDENDUM:**

**Note:** Zoning change requests must be accompanied by documentation explaining the basis for change or mistake, boundaries of the neighborhood subject to change, and any other facts supporting the Applicant's position.

For Planning Department Use:

\_\_\_\_\_ Has the applicant provided an addendum with the application that addresses the legal justification for the rezoning and provides a definition of neighborhood?

\_\_\_\_\_ Change in Character of Neighborhood

\_\_\_\_\_ Mistake in Original Zoning

\_\_\_\_\_ Both

\_\_\_\_\_ Not Applicable (for overlays)

\_\_\_\_\_ Has the applicant provided a separate list of adjacent property owners and addresses provided?

**INSTRUCTIONS TO SURVEYOR/ENGINEER:**

This checklist is the format used by the Department of Planning to review and comment on your plat. It will be/has been returned to you so you can address the issues raised throughout the checklist. When you have completed the necessary revisions to this plan, submit the following number of copies along with this checklist:

PLANNING DEPARTMENT:	2 COPIES
COPIES FOR ENGINEERING, LIGHT, WATER AND SEWER (Even if approved by these agencies)	4 COPIES
COPIES FOR ANY OTHER AGENCY THAT HAD COMMENTS THAT WERE OUTSTANDING	AS NEEDED

ALL SUBMISSIONS SHALL BE MADE TO THE PLANNING DEPARTMENT. DO NOT SUBMIT REVISED COPIES DIRECTLY TO REVIEW AGENCIES. THEY ARE DIRECTED TO DISCARD ERRONEOUSLY SUBMITTED COPIES.

**STATEMENTS**

I understand that site plan or subdivision approval by the Hagerstown Planning Commission does not constitute permission to construct. Appropriate permits must be obtained from the City Engineer's Department and utilities before construction may commence. This statement must be signed before application will be accepted for processing.

Owner's Signature: \_\_\_\_\_

Applicant's Signature \*\*: \_\_\_\_\_

(If different from owner)

Date: \_\_\_\_\_